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106TH CONGRESS
1ST SESSION

S. 901

To provide disadvantaged children with access to dental services.

IN THE SENATE OF THE UNITED STATES

APRIL 28, 1999

Mr. BINGAMAN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

To provide disadvantaged children with access to dental services.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Children's Dental Health Improvement Act of 1999".

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Findings.

TITLE I—EXPANDED OPPORTUNITIES FOR TRAINING PEDIATRIC DENTAL HEALTH CARE PROVIDERS

Sec. 101. Children's dental health training and demonstration programs.
Sec. 102. Increase in National Health Service Corps dental training positions.

Sec. 103. Maternal and child health centers for leadership in pediatric dentistry education.
Sec. 104. Dental officer multiyear retention bonus for the Indian Health Service.
Sec. 105. Medicare payments to approved nonhospital dentistry residency training programs; permanent dental exemption from voluntary residency reduction programs.
Sec. 106. Dental health professional shortage areas.

TITLE II—ENSURING DELIVERY OF PEDIATRIC DENTAL SERVICES UNDER THE MEDICAID AND SCHIP PROGRAMS

Sec. 201. Increased FMAP and fee schedule for dental services provided to children under the medicaid program.
Sec. 202. Required minimum medicaid expenditures for dental health services.
Sec. 203. Requirement to verify sufficient numbers of participating dental health professionals under the medicaid program.
Sec. 204. Inclusion of recommended age for first dental visit in definition of EPSDT services.
Sec. 205. Approval of final regulations implementing changes to EPSDT services.
Sec. 206. Use of SCHIP funds to treat children with special dental health needs.
Sec. 207. Grants to supplement fees for the treatment of children with special dental health needs.
Sec. 208. Demonstration projects to increase access to pediatric dental services in underserved areas.

TITLE III—PEDIATRIC DENTAL RESEARCH

Sec. 301. Identification of interventions that reduce the burden and transmission of oral, dental, and craniofacial diseases in high risk populations; development of approaches for pediatric oral and craniofacial assessment.
Sec. 302. Agency for Health Care Policy and Research.
Sec. 303. Oral health professional research and training program.
Sec. 304. Consensus development conference.

TITLE IV—SURVEILLANCE AND ACCOUNTABILITY

Sec. 401. CDC reports.
Sec. 402. Reporting requirements under the medicaid program.
Sec. 403. Administration on Children, Youth, and Families.
Sec. 404. Special supplemental food program for women, infants, and children.

TITLE V—ORAL HEALTH PROMOTION AND DISEASE PREVENTION

Sec. 501. Grants to increase resources for community water fluoridation.
Sec. 502. Community water fluoridation.
Sec. 503. Community-based dental sealant program.

TITLE VI—MISCELLANEOUS

Sec. 601. Effective date.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) The 1995 Institute of Medicine report on dental education finds that oral health is an integral part of total health, and is integral to comprehensive health, including primary care.

(2) Tooth decay is the most prevalent preventable chronic disease of childhood and only the common cold, the flu, and otitis media occur more often among young children.

(3) Despite the design of the medicaid program to reach children and ensure access to routine dental care, in 1996, the Inspector General of the Department of Health and Human Services reported that only 18 percent of children eligible for medicaid received even a single preventive dental service.

(4) The United States is facing a major dental health care crisis that primarily affects the poor children of our country, with 80 percent of all dental caries in children found in 20 percent of the population.

(5) Low income children eligible for the medicaid program and the State children's health insurance program experience disproportionately high levels of oral disease.

(6) The United States is not training enough pediatric dental health care providers to meet the increasing need for dental services for children.

(7) The United States needs to increase access to health promotion and disease prevention activities in the area of oral health for children by increasing access to dental health providers for children.

TITLE I—EXPANDED OPPORTUNITIES FOR TRAINING PEDIATRIC DENTAL HEALTH CARE PROVIDERS

SEC. 101. CHILDREN'S DENTAL HEALTH TRAINING AND DEMONSTRATION PROGRAMS.

(a) IN GENERAL.—Subpart 2 of part E of title VII of the Public Health Service Act, as amended by the Health Professions Education Partnerships Act of 1998 (Public Law 105–392) is amended by adding at the end the following:

"SEC. 771. CHILDREN'S DENTAL HEALTH PROGRAMS.

"(a) TRAINING PROGRAM.—

"(1) IN GENERAL.—The Secretary, acting through the Bureau of Health Professions, shall develop training materials to be used by health professionals to promote oral health through health education.

"(2) DESIGN.—The materials developed under paragraph (1) shall be designed to enable health care professionals to—

"(A) provide information to individuals concerning the importance of oral health;

"(B) recognize oral disease in individuals; and

"(C) make appropriate referrals of individuals for dental treatment.

"(3) DISTRIBUTION.—The materials developed under paragraph (1) shall be distributed to—

"(A) accredited schools of the health sciences (including schools for physician assistants, schools of medicine, osteopathic medicine, dental hygiene, public health, nursing, pharmacy, and dentistry), and public or private institutions accredited for the provision of graduate or specialized training programs in all aspects of health; and

"(B) health professionals and community-based health care workers.

"(b) DEMONSTRATION PROGRAM.—

"(1) IN GENERAL.—The Secretary shall make grants to schools that train pediatric dental health providers to meet the costs of projects—

"(A) to plan and develop new training programs and to maintain or improve existing training programs in providing dental health services to children; and

"(B) to assist dental health providers in managing complex dental problems in children.

"(2) ADMINISTRATION.—

"(A) AMOUNT.—The amount of any grant under paragraph (1) shall be determined by the Secretary.

"(B) APPLICATION.—No grant may be made under paragraph (1) unless an application therefore is submitted to and approved by the Secretary. Such an application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe.

"(C) ELIGIBILITY.—To be eligible for a grant under subsection (a), the applicant must demonstrate to the Secretary that it has or will have available full-time faculty and staff members with training and experience in the field of pediatric dentistry and support from other faculty and staff members trained in pediatric dentistry and other relevant specialties and dis-

ciplines such as dental public health and pediatrics, as well as research.

"(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out this section.".

(b) AUTHORIZATION OF APPROPRIATIONS FOR GENERAL AND PEDIATRIC DENTISTRY.—Section 747(e)(2)(A) of the Public Health Service Act (42 U.S.C. 293k(e)(2)(A), as amended by the Health Professions Education Partnerships Act of 1998 (Public Law 105–392) is amended in striking clause (iv) and inserting the following:

"(iv) not less than $8,000,000 for awards of grants and contracts under subsection (a) to programs of pediatric or general dentistry.".

SEC. 102. INCREASE IN NATIONAL HEALTH SERVICE CORPS DENTAL TRAINING POSITIONS.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the "Secretary") shall increase the number of dental health providers skilled in treating children who become members of the Commissioned Corps of the U.S. Public Health Service and who are assigned to duty for the National Health Service Corps (referred to in this section as the

"Corps") under subpart II of part D of title III of the Public Health Service Act (42 U.S.C. 254d et seq.) so that there are at least 100 additional Commissioned Corps dentists and dental hygienists in the Corps by 2001, at least 150 additional dentists and dental hygienists in the Commissioned Corps by 2002, and at least 300 additional dentists and dental hygienists in the Commissioner Corps by 2003.

(b) DETERMINATION OF DENTAL SITE READINESS.—By not later than January 1, 2001, the Secretary shall collaborate with dental education institutions, State and local public health dental officials and dental and dental hygienist societies to determine dental site readiness, specifically in inner city, rural, frontier and border areas.

(c) REPORT BY CORPS.—The Corps shall annually report to Congress concerning how the Corps is meeting the oral health needs of children in underserved areas, including rural, frontier and border areas.

(d) LOAN REPAYMENT PROGRAM.—The Secretary shall increase the number of Corps dentists selected for loan repayments under the provisions referred to in subsection (a) in a sufficient number to address the demand for such repayment by qualified dentists. The Secretary shall increase the number of private practice dentists who

contract with the Corps and allow for such student loan repayment.

(e) PEDIATRIC DENTISTS.—The Secretary shall ensure that at least 20 percent of the dentists in the Corps are pediatric dentists and that another 20 percent of the dentists in the Corps have general dentistry residency training.

SEC. 103. MATERNAL AND CHILD HEALTH CENTERS FOR LEADERSHIP IN PEDIATRIC DENTISTRY EDUCATION.

(a) EXPANSION OF TRAINING PROGRAMS.—The Secretary of Health and Human Services shall, through the Bureau of Health Professions, establish at least 10 Pediatric Dental Centers of Excellence with not less than 36 additional training positions annually for pediatric dentists at such centers of excellence. The Secretary shall ensure that such training programs are established in geographically diverse areas.

(b) DEFINITION.—In this section, the term 'centers of excellence' means a health professions school designated under section 736 of the Public Health Service Act (42 U.S.C. 293).

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated, such sums as may be necessary to carry out this section.

SEC. 104. DENTAL OFFICER MULTIYEAR RETENTION BONUS FOR THE INDIAN HEALTH SERVICE.

(a) TERMS AND DEFINITIONS.—In this section:

(1) DENTAL OFFICER.—The term "dental officer" means an officer of the Indian Health Service designated as a dental officer.

(2) DIRECTOR.—The term "Director" means the Director of the Indian Health Service.

(3) CREDITABLE SERVICE.—The term "creditable service" includes all periods that a dental officer spent in graduate dental educational (GDE) training programs while not on active duty in the Indian Health Service and all periods of active duty in the Indian Health Service as a dental officer.

(4) RESIDENCY.—The term "residency" means a graduate dental educational (GDE) training program of at least 12 months leading to a speciality, including general practice residency (GPR) or a 12-month advanced education general dentistry (AEGD).

(5) SPECIALTY.—The term "specialty" means a dental specialty for which there is an Indian Health Service specialty code number.

(b) REQUIREMENTS FOR BONUS.—

(1) IN GENERAL.—An eligible dental officer of the Indian Health Service who executes a written

agreement to remain on active duty for 2, 3, or 4 years after the completion of any other active duty service commitment to the Indian Health Service may, upon acceptance of the written agreement by the Director, be authorized to receive a dental officer multiyear retention bonus under this section. The Director may, based on requirements of the Indian Health Service, decline to offer such a retention bonus to any specialty that is otherwise eligible, or to restrict the length of such a retention bonus contract for a specialty to less than 4 years.

(2) LIMITATIONS.—Each annual dental officer multiyear retention bonus authorized under this section shall not exceed the following:

(A) $14,000 for a 4-year written agreement.

(B) $8,000 for a 3-year written agreement.

(C) $4,000 for a 2-year written agreement.

(c) ELIGIBILITY.—

(1) IN GENERAL.—In order to be eligible to receive a dental officer multiyear retention bonus under this section, a dental officer shall—

(A) be at or below such grade as the Director shall determine;

(B) have at least 8 years of creditable service, or have completed any active duty service commitment of the Indian Health Service incurred for dental education and training;

(C) have completed initial residency training, or be scheduled to complete initial residency training before September 30 of the fiscal year in which the officer enters into a dental officer multiyear retention bonus written service agreement under this section; and

(D) have a dental specialty in pediatric dentistry or oral and maxillofacial surgery, or be a dental hygienist with a minimum of a baccalaureate degree.

(2) EXTENSION TO OTHER OFFICERS.—The Director may extend the retention bonus to dental officers other than officers with a dental specialty in pediatric dentistry based on demonstrated need. The criteria used as the basis for such an extension shall be equitably determined and consistently applied.

(d) TERMINATION OF ENTITLEMENT TO SPECIAL PAY.—The Director may terminate at any time a dental officer's multiyear retention bonus contract under this section. If such a contract is terminated, the unserved portion of the retention bonus contract shall be recouped on a pro

rata basis. The Director shall establish regulations that specify the conditions and procedures under which termination may take place. The regulations and conditions for termination shall be included in the written service contract for a dental officer multiyear retention bonus under this section.

(e) REFUNDS.—

(1) IN GENERAL.—Prorated refunds shall be required for sums paid under a retention bonus contract under this section if a dental officer who has received the retention bonus fails to complete the total period of service specified in the contract, as conditions and circumstances warrant.

(2) DEBT TO UNITED STATES.—An obligation to reimburse the United States imposed under paragraph (1) is a debt owed to the United States.

(3) NO DISCHARGE IN BANKRUPTCY.—Notwithstanding any other provision of law, a discharge in bankruptcy under title 11, United States Code, that is entered less than 5 years after the termination of a retention bonus contract under this section does not discharge the dental officer who signed such a contract from a debt arising under the contract or paragraph (1).

SEC. 105. MEDICARE PAYMENTS TO APPROVED NONHOSPITAL DENTISTRY RESIDENCY TRAINING PROGRAMS; PERMANENT DENTAL EXEMPTION FROM VOLUNTARY RESIDENCY REDUCTION PROGRAMS.

(a) MEDICARE PAYMENTS TO APPROVED NONHOSPITAL DENTISTRY TRAINING PROGRAMS.—Section 1886 of the Social Security Act (42 U.S.C. 1395ww) is amended by adding at the end the following:

"(l) PAYMENTS FOR NONHOSPITAL BASED DENTAL RESIDENCY TRAINING PROGRAMS.—

"(1) IN GENERAL.—Beginning January 1, 2000, the Secretary shall make payments under this paragraph to approved nonhospital based dentistry residency training programs providing oral health care to children for the direct and indirect expenses associated with operating such training programs.

"(2) PAYMENT AMOUNT.—

"(A) METHODOLOGY.—The Secretary shall establish procedures for making payments under this subsection.

"(B) TOTAL AMOUNT OF PAYMENTS.—In making payments to approved non-hospital based dentistry residency training programs under this subsection, the Secretary shall ensure that the total amount of such payments

will not result in a reduction of payments that would otherwise be made under subsection (h) or (k) to hospitals for dental residency training programs.

"(C) APPROVED PROGRAMS.—The Secretary shall establish procedures for the approval of nonhospital based dentistry residency training programs under this subsection.".

(b) PERMANENT DENTAL EXEMPTION FROM VOLUNTARY RESIDENCY REDUCTION PROGRAMS.—

(1) IN GENERAL.—Section 1886(h)(6)(C) of the Social Security Act (42 U.S.C. 1395ww(h)(6)(C)) is amended—

(A) by redesignating clauses (i) through (iii) as subclauses (I) through (III), respectively, and indenting such subclauses (as so redesignated) appropriately;

(B) by striking "For purposes" and inserting the following:

"(i) IN GENERAL.—Subject to clause (ii), for purposes"; and

(C) by adding at the end the following:

"(ii) DEFINITION OF 'APPROVED MEDICAL RESIDENCY TRAINING PROGRAM'.—In this subparagraph, the term 'approved

medical residency training program' means only such programs in allopathic or osteopathic medicine.".

(2) APPLICATION TO DEMONSTRATION PROJECTS AND AUTHORITY.—Section 4626(b)(3) of the Balanced Budget Act of 1997 (42 U.S.C. 1395ww note) is amended by inserting "in allopathic or osteopathic medicine" before the period.

(c) REMOVAL OF DENTISTS FROM FULL-TIME EQUIVALENT COUNT AVERAGING PROVISIONS.—

(1) MEDICARE IME.—Section 1886(d)(5)(B)(vi) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)(vi)) is amended by adding at the end the following: "The determination (based on the 3-year average) described in subclause (II) shall apply only to residents in the fields of allopathic medicine and osteopathic medicine. All other residents shall be counted based on the actual full-time equivalent resident count for the cost-reporting period involved.".

(2) MEDICARE DIRECT GME.—Section 1886(h)(4)(G)(i) of the Social Security Act (42 U.S.C. 1395ww(h)(4)(G)(i)) is amended by adding at the end the following: "Such determination (based on the 3-year average) shall apply only to residents

in the fields of allopathic medicine and osteopathic medicine. All other residents shall be counted based on the actual full-time equivalent resident count for the cost-reporting period involved.".

(d) DEFINITION OF PRIMARY CARE RESIDENT.—Section 1886(h)(5)(H) of the Social Security Act (42 U.S.C. 1395ww(h)(5)(H)) is amended by striking "or osteopathic general practice" and inserting "osteopathic general practice, general dentistry, advanced general dentistry, pediatric dentistry, or dental public health".

(e) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendments made by subsections (a), (c), and (d) take effect on the date of enactment of this Act.

(2) EXCEPTION.—The amendments made by subsection (b) shall take effect as if included in the enactment of the Balanced Budget Act of 1997.

SEC. 106. DENTAL HEALTH PROFESSIONAL SHORTAGE AREAS.

(a) DESIGNATION.—Section 332(a) of the Public Health Service Act (42 U.S.C. 254e(a)) is amended by adding at the end the following:

"(4)(A) In designating health professional shortage areas under this section, the Secretary may designate cer-

tain areas as dental health professional shortage areas if the Secretary determines that such areas have a severe shortage of dental health professionals. The Secretary shall develop, publish and periodically update criteria to be used in designating dental health professional shortage areas.

"(B) For purposes of this title a dental health professional shortage area shall be considered to be a health professional shortage area.".

"(C) In subparagraph (A), the term 'dental health professional' includes general and pediatric dentists and dental hygienists.".

(b) LOAN REPAYMENT PROGRAM.—Section 338B(b)(1)(A) of the Public Health Service Act (42 U.S.C. 254l–1(b)(1)(A)) is amended by inserting "(including dental hygienists)" after "profession".

(c) TECHNICAL AMENDMENT.—Section 331(a)(2) of the Public Health Service Act (42 U.S.C. 254d(a)(2)) is amended by inserting "(including dental health services)" after "services".

TITLE II—ENSURING DELIVERY OF PEDIATRIC DENTAL SERVICES UNDER THE MEDICAID AND SCHIP PROGRAMS

SEC. 201. INCREASED FMAP AND FEE SCHEDULE FOR DENTAL SERVICES PROVIDED TO CHILDREN UNDER THE MEDICAID PROGRAM.

(a) INCREASED FMAP.—Section 1903(a)(5) of the Social Security Act (42 U.S.C. 1396b(a)(5)) is amended—

(1) by striking "equal to 90 per centum" and inserting "equal to—

"(A) 90 per centum";

(2) by inserting "and" after the semicolon; and

(3) by adding at the end the following:

"(B) the greater of the Federal medical assistance percentage or 75 per centum of the sums expended during such quarter which are attributable to dental services for children;".

(b) FEE SCHEDULE.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(1) in paragraph (65), by striking the period and inserting "; and"; and

(2) by inserting after paragraph (65) the following:

"(66) provide for payment under the State plan for dental services for children at a rate that is designed to create an incentive for providers of such services to treat children in need of dental services (but that does not result in a reduction or other adverse impact on the extent to which the State provides dental services to adults).".

SEC. 202. REQUIRED MINIMUM MEDICAID EXPENDITURES FOR DENTAL HEALTH SERVICES.

Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)), as amended by section 201(b), is amended—

(1) in paragraph (65), by striking "and" at the end;

(2) in paragraph (66), by striking the period and inserting "; and"; and

(3) by inserting after paragraph (66) the following:

"(67) provide that, beginning with fiscal year 2000—

"(A) not less than an amount equal to 7 percent of the total annual expenditures under the State plan for medical assistance provided to children will be expended during each fiscal year for dental services for children (including

the prevention, screening, diagnosis, and treatment of dental conditions); and

"(B) the State will not reduce or otherwise adversely impact the extent to which the State provides dental services to adults in order to meet the requirement of subparagraph (A).".

SEC. 203. REQUIREMENT TO VERIFY SUFFICIENT NUMBERS OF PARTICIPATING DENTAL HEALTH PROFESSIONALS UNDER THE MEDICAID PROGRAM.

Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)), as amended by section 202, is amended—

(1) in paragraph (66), by striking "and" at the end;

(2) in paragraph (67), by striking the period and inserting "; and"; and

(3) by inserting after paragraph (67) the following:

"(68) provide that the State will—

"(A) annually verify that the number of dental health professionals (as defined in section 332(a)(4)(C) of the Public Health Service Act) participating under the State plan—

"(i) satisfies the minimum established degree of participation of dental health

professionals (as defined in section 332(a)(4)(C) of the Public Health Service Act) to the population of children in the State, as determined by the Secretary in accordance with the criteria used by the Secretary under section 332(a)(4) of such Act (42 U.S.C. 254e(a)(4)) to designate a dental health professional shortage area; and

"(ii) is sufficient to ensure that children enrolled in the State plan have the same level of access to dental services as the children residing in the State who are not eligible for medical assistance under the State plan; and

"(B) collect data on the number of children being served by dental health professionals as compared to the number of children eligible to be served, and the actual services provided.".

SEC. 204. INCLUSION OF RECOMMENDED AGE FOR FIRST DENTAL VISIT IN DEFINITION OF EPSDT SERVICES.

Section 1905(r)(1)(A)(i) of the Social Security Act (42 U.S.C. 1396d(r)(1)(A)(i)) is amended by inserting "and, with respect to dental services under paragraph (3),

in accordance with guidelines for the age of a first dental visit that are consistent with guidelines of the American Dental Association, the American Dental Hygienist Association, the American Academy of Pediatric Dentistry, and the Bright Futures program of the Health Resources and Services Administration of the Department of Health and Human Services," after "vaccines,".

SEC. 205. APPROVAL OF FINAL REGULATIONS IMPLEMENTING CHANGES TO EPSDT SERVICES.

Not later than 30 days after the date of enactment of this Act, the Secretary of Health and Human Services shall issue final regulations implementing the proposed regulations based on section 6403 of the Omnibus Budget Reconciliation Act of 1989 (Public Law 101–239; 103 Stat. 2262) that were contained in the Federal Register issued for October 1, 1993.

SEC. 206. USE OF SCHIP FUNDS TO TREAT CHILDREN WITH SPECIAL DENTAL HEALTH NEEDS.

(a) IN GENERAL.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—

(1) in subsection (b), by striking "or subsection (u)(3)" and inserting "subsection (u)(3), or subsection (u)(4)"; and

(2) in subsection (u)—

(A) by redesignating paragraph (4) as paragraph (5); and

(B) by inserting after paragraph (3) the following new paragraph:

"(4)(A) For purposes of subsection (b), the expenditures described in this paragraph are expenditures for medical assistance described in subparagraph (B) for a low-income child described in subparagraph (C), but only in the case of such a child who resides in a State described in subparagraph (D).

"(B) For purposes of subparagraph (A), the medical assistance described in this subparagraph consists of the following:

"(i) Dental services provided to children with special oral health needs, including advanced oral, dental, and craniofacial diseases and conditions.

"(ii) Outreach conducted to identify and treat children with such special dental health needs.

"(C) For purposes of subparagraph (A), a low-income child described in this subparagraph is a child whose family income does not exceed 50 percentage points above the medicaid applicable income level (as defined in section 2110(b)(4)).

"(D) A State described in this subparagraph is a State that, as of August 5, 1997, has under a waiver au-

thorized by the Secretary or under section 1902(r)(2), established a medicaid applicable income level (as defined in section 2110(b)(4)) for children under 19 years of age residing in the State that is at or above 185 percent of the poverty line (as defined in section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2), including any revision required by such section for a family of the size involved).''.

(b) EFFECTIVE DATE.—The amendments made by this section shall take effect as if included in the enactment of section 4911 of the Balanced Budget Act of 1997 (Public Law 105–33; 111 Stat. 570).

SEC. 207. GRANTS TO SUPPLEMENT FEES FOR THE TREATMENT OF CHILDREN WITH SPECIAL DENTAL HEALTH NEEDS.

Title V of the Social Security Act (42 U.S.C. 701 et seq.) is amended by adding at the end the following:

''SEC. 511. GRANTS TO SUPPLEMENT FEES FOR THE TREATMENT OF CHILDREN WITH SPECIAL DENTAL HEALTH NEEDS.

''(a) AUTHORITY TO MAKE GRANTS.—

''(1) IN GENERAL.—In addition to any other payments made under this title to a State, the Secretary shall award grants to States to supplement payments made under the State programs estab-

lished under titles XIX and XXI for the treatment of children with special oral health care needs.

"(2) DEFINITION OF CHILDREN WITH SPECIAL ORAL, DENTAL, AND CRANIOFACIAL HEALTH CARE NEEDS.—In this section the term 'children with special oral health care needs' means children with oral, dental and craniofacial conditions or disorders, and other acute or chronic medical, genetic, and behavioral disorders with dental manifestations.

"(b) APPLICATION OF OTHER PROVISIONS OF TITLE.—

"(1) IN GENERAL.—Except as provided in paragraph (2), the other provisions of this title shall not apply to a grant made, or activities of the Secretary, under this section.

"(2) EXCEPTIONS.—The following provisions of this title shall apply to a grant made under subsection (a) to the same extent and in the same manner as such provisions apply to allotments made under section 502(c):

"(A) Section 504(b)(4) (relating to expenditures of funds as a condition of receipt of Federal funds).

"(B) Section 504(b)(6) (relating to prohibition on payments to excluded individuals and entities).

"(C) Section 506 (relating to reports and audits, but only to the extent determined by the Secretary to be appropriate for grants made under this section).

"(D) Section 508 (relating to nondiscrimination).

"(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out this section.".

SEC. 208. DEMONSTRATION PROJECTS TO INCREASE ACCESS TO PEDIATRIC DENTAL SERVICES IN UNDERSERVED AREAS.

(a) AUTHORITY TO CONDUCT PROJECTS.—The Secretary of Health and Human Services, through the Administrator of the Health Care Financing Administration, the Administrator of the Health Resources and Services Administration, the Director of the Indian Health Service, and the Director of the Centers for Disease Control and Prevention shall establish demonstration projects that are designed to increase access to dental services for children in underserved areas, as determined by the Secretary.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out this section.

TITLE III—PEDIATRIC DENTAL RESEARCH

SEC. 301. IDENTIFICATION OF INTERVENTIONS THAT REDUCE THE BURDEN AND TRANSMISSION OF ORAL, DENTAL, AND CRANIOFACIAL DISEASES IN HIGH RISK POPULATIONS; DEVELOPMENT OF APPROACHES FOR PEDIATRIC ORAL AND CRANIOFACIAL ASSESSMENT.

(a) IN GENERAL.—The Secretary of Health and Human Services, through the Maternal and Child Health Bureau, the Indian Health Service, and in consultation with the Agency for Health Care Policy and Research and the National Institutes of Health, shall—

(1) support community based research that is designed to improve our understanding of the etiology, pathogenesis, diagnosis, prevention, and treatment of pediatric oral, dental, craniofacial diseases and conditions and their sequelae in high risk populations;

(2) support demonstrations of preventive interventions in high risk populations; and

(3) develop clinical approaches to assess individual patients for pediatric dental disease.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated, such sums as may be necessary to carry out this section.

SEC. 302. AGENCY FOR HEALTH CARE POLICY AND RESEARCH.

Section 902(a) of the Public Health Service Act (42 U.S.C. 299a(a)) is amended—

(1) in paragraph (7), by striking "and" at the end;

(2) in paragraph (8), by striking the period and inserting "; and"; and

(3) by adding at the end the following:

"(9) the barriers that exist, including access to oral health care for children, and the establishment of measures of oral health status and outcomes.".

SEC. 303. ORAL HEALTH PROFESSIONAL RESEARCH AND TRAINING PROGRAM.

Part G of title IV of the Public Health Service Act is amended by inserting after section 487E (42 U.S.C. 288–5) the following:

"SEC. 487F. ORAL HEALTH PROFESSIONAL RESEARCH AND TRAINING PROGRAM.

"(a) IN GENERAL.—The Secretary, in consultation with the Director of the National Institute of Dental and Craniofacial Research, shall establish a program under which the Secretary will enter into contracts with qualified oral health professionals and such professionals will agree to conduct research or provide training with respect to pediatric oral, dental, and craniofacial diseases and conditions and in exchange the Secretary will agree to repay, for each year of service, not more than $35,000 of the principal and interest of the educational loans of such professionals.

"(b) QUALIFIED ORAL HEALTH PROFESSIONAL.—

"(1) DEFINITION.—In this section, the term 'qualified oral health professional' includes dentists and allied dental personnel serving in faculty positions.

"(2) SPECIAL PREFERENCE.—In entering into contacts under subsection (a), the Secretary shall give preference to qualified oral health professionals—

"(A) who are serving, or who have served in research or training programs of the National Institute of Dental and Craniofacial Research; or

"(B) who are providing services at institutions that provide oral health care to underserved pediatric populations in rural or border areas.

"(c) PRIORITIES.—The Secretary shall annually determine the clinical and basic research and training priorities for contracts under subsection (a), including dental caries, orofacial accidents or traumas, birth defects such as cleft lip and palate and severe malocclusions, and new techniques and approaches to treatment.

"(d) CONTRACTS, OBLIGATED SERVICE, AND BREACH OF CONTRACT.—The provisions of section 338B concerning contracts, obligated service, and breach of contract, except as inconsistent with this section, shall apply to contracts under this section to the same extent and in the same manner as such provisions apply to contracts under such section 338B.

"(e) AVAILABILITY OF FUNDS.—Amounts available for carrying out this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which such amounts were made available.".

SEC. 304. CONSENSUS DEVELOPMENT CONFERENCE.

(a) IN GENERAL.—Not later than April 1, 2000, the Secretary of Health and Human Services, acting through the National Institute of Child Health and Human Devel-

opment and the National Institute of Dental and Craniofacial Research, shall convene a conference (to be known as the "Consensus Development Conference") to examine the management of early childhood caries and to support the design and conduct of research on the biology and physiologic dynamics of infectious transmission of dental caries. The Secretary shall ensure that representatives of interested consumers and other professional organizations participate in the Consensus Development Conference.

(b) EXPERTS.—In administering the conference under subsection (a), the Secretary of Health and Human Services shall solicit the participation of experts in dentistry, including pediatric dentistry, dental hygiene, public health, and other appropriate medical and child health professionals.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out this section.

TITLE IV—SURVEILLANCE AND ACCOUNTABILITY

SEC. 401. CDC REPORTS.

(a) COLLECTION OF DATA.—The Director of the Centers for Disease Control and Prevention in collaboration with other organizations and agencies shall annually

collect data describing the dental, craniofacial, and oral health of residents of at least 1 State from each region of the Department of Health and Human Services.

(b) REPORTS.—The Director shall compile and analyze data collected under subsection (a) and annually prepare and submit to the appropriate committees of Congress a report concerning the oral health of certain States.

SEC. 402. REPORTING REQUIREMENTS UNDER THE MEDICAID PROGRAM.

Section 1902(a)(43)(D) of the Social Security Act (42 U.S.C. 1396a(43)(D)) is amended—

(1) in clause (iii), by striking "and" and inserting "with the specific dental condition and treatment provided identified,";

(2) in clause (iv), by striking the semicolon and inserting a comma; and

(3) by adding at the end the following:

"(v) the percentage of expenditures for such services that were for dental services,

"(vi) the percentage of dental health professionals (as defined in section 332(a)(4)(C) of the Public Health Service Act) who are licensed in the State and pro-

vide services commensurate with eligibility under the State plan, and

"(vii) collect and submit data on the number of children being served as compared to the number of children who are eligible for services, and the actual services provided;".

SEC. 403. ADMINISTRATION ON CHILDREN, YOUTH, AND FAMILIES.

The Administrator of the Administration on Children, Youth, and Families shall annually prepare and submit to the appropriate committees of Congress a report concerning the percentage of children enrolled in a Head Start or Early Start program who have access to and who obtain dental care, including children with special oral, dental, and craniofacial health needs. The Administrator of the Administration of Children, Youth and Families shall seek methods to reestablish intraagency agreements with the Administrator of the Health Resources and Services Administration to address technical assistance for its grantees in addressing access to preventive clinical services.

SEC. 404. SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN.

Section 17(f) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(f)) is amended by adding at the end the following:

"(25) The State shall collect and submit data on the number of children being served under this section as compared to the number of children who are eligible for services, and the actual services provided.".

TITLE V—ORAL HEALTH PROMOTION AND DISEASE PREVENTION

SEC. 501. GRANTS TO INCREASE RESOURCES FOR COMMUNITY WATER FLUORIDATION.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Division of Oral Health of the Centers for Disease Control and Prevention, may make grants to State or locality for the purpose of increasing the resources available for community water fluoridation.

(b) USE OF FUNDS.—A State shall use amounts provided under a grant under subsection (a)—

(1) to purchase fluoridation equipment;

(2) to train fluoridation engineers; or

(3) to develop educational materials on the advantages of fluoridation.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $25,000,000 for fiscal year 2000, and such sums as may be necessary for each subsequent fiscal year.

SEC. 502. COMMUNITY WATER FLUORIDATION.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the "Secretary"), acting through the Director of the Indian Health Service and the Director of the Centers for Disease Control and Prevention, shall establish a demonstration project that is designed to assist rural water systems in successfully implementing the Centers for Disease Control and Prevention water fluoridation guidelines entitled "Engineering and Administrative Recommendations for Water Fluoridation" (referred to in this section as the "EARWF").

(b) REQUIREMENTS.—

(1) COLLABORATION.—The Director of the Indian Health Services shall collaborate with the Director of the Centers for Disease Control and Prevention in developing the project under subsection (a). Through such collaboration the Directors shall ensure that technical assistance and training are provided to tribal programs located in each of the 12 areas of the Indian Health Service. The Director of

the Indian Health Service shall provide coordination and administrative support to tribes under this section.

(2) GENERAL USE OF FUNDS.—Amounts made available under this section shall be used to assist small water systems in improving the effectiveness of water fluoridation and to meet the recommendations of the EARWF.

(3) FLUORIDATION SPECIALISTS.—

(A) IN GENERAL.—In carrying out this section, the Secretary shall provide for the establishment of fluoridation specialist engineering positions in each of the Dental Clinical and Preventive Support Centers through which technical assistance and training will be provided to tribal water operators, tribal utility operators and other Indian Health Service personnel working directly with fluoridation projects.

(B) LIAISON.—A fluoridation specialist shall serve as the principal technical liaison between the Indian Health Service and the Centers for Disease Control and Prevention with respect to engineering and fluoridation issues.

(C) CDC.—The Director of the Centers for Disease Control and Prevention shall ap-

point individuals to serve as the fluoridation specialists.

(4) IMPLEMENTATION.—The project established under this section shall be planned, implemented and evaluated over the 5-year period beginning on the date on which funds are appropriated under this section and shall be designed to serve as a model for improving the effectiveness of water fluoridation systems of small rural communities.

(c) EVALUATION.—In conducting the ongoing evaluation as provided for in subsection (b)(4), the Secretary shall ensure that such evaluation includes—

(1) the measurement of changes in water fluoridation compliance levels resulting from assistance provided under this section;

(2) the identification of the administrative, technical and operational challenges that are unique to the fluoridation of small water systems;

(3) the development of a practical model that may be easily utilized by other tribal, State, county or local governments in improving the quality of water fluoridation with emphasis on small water systems; and

(4) the measurement of any increased percentage of Native Americans or Alaskan Natives who receive the benefits of optimally fluoridated water.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $25,000,000 for fiscal year 2000, and such sums as may be necessary for each subsequent fiscal year.

SEC. 503. SCHOOL-BASED DENTAL SEALANT PROGRAM.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Maternal and Child Health Bureau of the Health Resources and Services Administration, may award grants to States or localities to provide for the development of school-based dental sealant programs to improve the access of children to sealants.

(b) USE OF FUNDS.—A State shall use amounts received under a grant under subsection (a) to provide funds to eligible school-based entities or to public elementary or secondary schools to enable such entities or schools to provide children in second or sixth grade with access to dental care and dental sealant services. Such services shall be provided by licensed dental health professionals in accordance with State practice licensing laws.

(c) ELIGIBILITY.—To be eligible to receive funds under this section an entity shall—

(1) prepare and submit to the State an application at such time, in such manner and containing such information as the State may require; and

(2) be a public elementary or secondary school—

(A) that located in an urban area and in which and more than 50 percent of the student population is participating in Federal or State free or reduced meal programs; or

(B) that is located in a rural area and, with respect to the school district in which the school is located, the district involved has a median income that is at or below 235 percent of the poverty line, as defined in section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).

Preference in awarding grants shall be provided to eligible entities that use dental health care professionals in the most cost effective manner.

(d) COORDINATION WITH OTHER PROGRAMS.—

(1) IN GENERAL.—An entity that receives funds from a State under this section shall serve as an enrollment site for purposes of enabling individuals to enroll in the State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) or in the

State Children's Health Insurance Program under title XXI of such Act (42 U.S.C. 1397aa et seq.).

(2) CONFORMING AMENDMENT.—Section 1920A(b)(3)(A)(i) of the Social Security Act (42 U.S.C. 1396r–1a(b)(3)(A)(i)) is amended—

(A) by striking "or (II)" and inserting ", (II)"; and

(B) by inserting ", or (III) is an eligible community-based entity or a public elementary or secondary school that participates in the school-based dental sealant program established under section 503 of the Children's Dental Health Improvement Act of 1999" before the semicolon.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $5,000,000 for fiscal year 2000, and such sums as may be necessary for each subsequent fiscal year.

TITLE VI—MISCELLANEOUS

SEC. 601. EFFECTIVE DATE.

(a) IN GENERAL.—Except as otherwise provided in this Act, this Act and the amendments made by this Act take effect on the date of enactment of this Act.

(b) EXTENSION OF EFFECTIVE DATE FOR STATE LAW AMENDMENT.—In the case of a State plan under

title XIX of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation in order for the plan to meet the additional requirements imposed by the amendments made by this Act, the State plan shall not be regarded as failing to comply with the requirements of such amendments solely on the basis of its failure to meet the additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session is considered to be a separate regular session of the State legislature.

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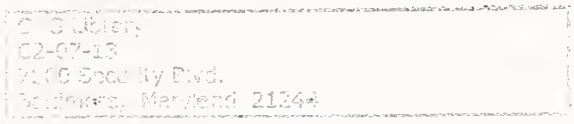

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